

Service Contract Review Summary Report - DSPD SFY 2009 - FOCUS Form

'Rate Based Contracts - Open Ended'

Form Content Updated 10/7/2008

Sample Size: _____

Division: Division of Services for People With Disabilities

Review Date: _____

Reviewer(s): _____

(1)

(2)

Provider Name: _____ Prov # _____

Contract #(s): _____

Review Location(s): _____

Service Type(s): _____

Compliance Ratings: Y = Yes; N = No; N/A = Not Applicable

ID.RC & ABI _____

CONTRACT MONITORING PLAN

Program Requirements/Scope of Work	Compliance? (Yes / No / N/A)				Comments
1) Documentation/client record requirements (Q4)	Yes	No	N/A	Major _____ Significant _____ Minor _____	4. Long Form
2) Staff Training, Competency & Tracking (Q5)	Yes	No	N/A	Major _____ Significant _____ Minor _____	5. Long Form
3) Staff requirements; annual updates (Q6)	Yes	No	N/A	Major _____ Significant _____ Minor _____	6. Long Form
Rate Based Contracts	Compliance? (Yes / No / N/A)				Comments
4) Case management/worker verification of billings prior to fund disbursement? (Q10)	Yes	No	N/A	Major _____ Significant _____ Minor _____	14. Long Form
5) Onsite reconciliation of billings with client service records? (Q11)	Yes	No	N/A	Major _____ Significant _____ Minor _____	15. Long Form
6) Billings have attached lists of clients receiving billed service? (Q12)	Yes	No	N/A	Major _____ Significant _____ Minor _____	
7) Onsite reconciliation of billed hours with provider time records? (Q13)	Yes	No	N/A	Major _____ Significant _____ Minor _____	
8) Staff hours provided agree with client worksheets? LUR Current? (Q14)	Yes	No	N/A	Major _____ Significant _____ Minor _____	16. Long Form
Client Fund Management	Compliance? (Yes / No / N/A)				Comments
9) Client funds have been managed appropriately by the Provider? (Q15)	Yes	No	N/A	Major _____ Significant _____ Minor _____	17. Long Form
Federal Assurances & Standard Terms	Compliance? (Yes / No / N/A)				Comments
16) Compliance with Federal Employment Eligibility Verification (I-9) & BCI, DHS & DSPD Code of Conduct, Indemnity Requirements, Abuse Reporting, Anti Discrimination, Harrassment & Fraud training, records security & control, and Emergency Mgt & Business Continuation Plan on file (Q16)	Yes	No	N/A	Major _____ Significant _____ Minor _____	19. Long Form

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Rate Based Contracts- Open Ended

Date of Last Review _____

FY08 Follow-up Findings

1)

2)

3)

Synopsis of Current Review:

Sample Description:

Client Files:

Staff Training Files:

Staff Personnel Files:

Billing Files:

Labor Usage Report & Tool:

Protective Payee Files:

Federal Assurances:

Licensing Issues:

Support Coordination Issues:

Federal Assurances & Standard Terms:

The Division requires a copy of the entire Contractor Annual Certification Statement in FY2009.

Please submit a copy of your quarterly Labor Usage Reports-LUR to Clair Abee, State Office

An electronic file by e-mail is preferred to cabee@utah.gov

Contract Monitor Signature/ Date

Contract Monitor (Please Print)

